

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

**"METHOD FOR CLINICIAN HOUSE CALLS UTILIZING PORTABLE
COMPUTING AND COMMUNICATIONS EQUIPMENT "**

the specification of which is attached hereto unless the following box is checked:

_____ was filed on _____

_____ as United States Application Number or PCT International Application Number _____
_____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 USC §119(a-d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s):

Priority Not Claimed

(Number)

(Country)

(Day/Month/Year Filed)

☒

I hereby claim the benefit under 35 USC §119(e) of any United States provisional application(s) listed below:

Provisional Application(s):

(Application Number)

(Filing Date)

I hereby claim the benefit under 35 USC §120 of any United States application(s), or §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 USC §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

(Application Number)

(Filing Date)

(Status - patented, pending, abandoned)

Power of Attorney:

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Dan Hubert (#33,906)

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Address all telephone calls and correspondence to:

Dan Hubert
USPTO Customer No. 23686



23686

PATENT TRADEMARK OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: Cary Gresham Bayne

Inventor's signature:

Bayne

Date: July 5, 2000

Residence:

3410 Trumbull Street
San Diego, CA 92106

Citizenship:

USA

Post Office Address: Same

Applicant or Patentee: Cary Gresham Bayne

Serial or Patent Number: Unknown

Filed or Issued: Herewith

Title: METHOD FOR CLINICIAN HOUSE CALLS UTILIZING PORTABLE COMPUTING AND COMMUNICATIONS EQUIPMENT

I hereby declare that I am

___ the owner of the small business concern identified below:

☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF SMALL BUSINESS CONCERN: The Call Doctor Company

ADDRESS: 5030 Camino de la Siesta, #100

San Diego, CA 92108

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.12, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that the rights under the contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:

☒ the specification filed herewith with title as listed above.

___ the application identified above.

___ the patent identified above.

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights in the invention must file separate verified statement averring to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization having any rights in the invention is listed below:

☒ No such person, concern or organization exists.

___ Each such person, concern or organization is listed below:

FULL NAME:

ADDRESS:

☐ INDIVIDUAL ☐ SMALL BUS. CONCERN ☐ NONPROFIT ORGANIZATION

Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001

VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) & 1.27(c)) – SMALL BUSINESS CONCERN

Atty. Docket
CDOC-002

of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: CARY GRESHAM BAYNE

TITLE OF PERSON IF OTHER THAN OWNER: CHAIRMAN

ADDRESS OF PERSON SIGNING: 3410 Trumbull Street, San Diego, CA 92108

SIGNATURE Bryne DATE July 5, 2000

(2/92 - PTO)

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